REMARKS

The Office Action of June 4, 2008 and the comments therein were carefully considered. Claims 1-9, 11-19, and 21-22 remain pending in the instant application. Claims 1 and 11 have been amended.

Claim Amendments

In order to expedite allowance, claims 1 and 11 have been amended to more clearly state what is claimed. No new matter has been added.

Claim Rejections – 35 USC § 103

Claims 1-9, 11-19, and 21-22 stand rejected under 35 USC § 103(a) as being unpatentable over Joao (US 6,283,761) in view of Campbell et al. (US 6,047,259) and further in view of Ryan (US 5,809476). Of the rejected claims, currently amended claims 1 and 11 are independent claims.

Joao relates to providing healthcare information by processing symptom and condition information for a patient in conjunction with standard or average healthcare information, healthcare theories, healthcare principles, and/or healthcare research to generate a diagnostic report including a list of standard diagnoses corresponding to average condition and symptom information. Abstract. A final diagnosis is selected from the list and is used to generate a claim form. Abstract. The claim may then be processed. Col 4, lines 59-67 and col. 6, lines 45-51. Joao discusses managing patient records and healthcare information. Col. 2, lines 30-45.

As stated by the Examiner, Joao does not teach a medical support system including a memory for storing at least one medical support process relating to diagnosis and treatment of a medical condition, a processor responsive to the medical support process and to user inputs for performing the medical support process, an input device for

user inputs relating to the medical support process and an output device for displaying the results of the medical support process to a user.

Further, the Examiner admits that Joao fails to teach a dialect translator for translating between medical terms displayed to and entered by a user and corresponding equivalent but different medical terms employed in the support operations, wherein the dialect translator is capable of bi-directional translation between medical terms displayed to and entered by a user and corresponding equivalent but different medical terms employed in the support operations

Additionally, as echoed by the Examiner, Joao does not teach a medical support process including at least one process phase which includes one or more process operations. Joao does not teach that each of the process operations of a process phase includes at least one process form providing an interface between a user and the process operations of the process phase, each process form including fields for passing user inputs to the process operations and for displaying the results of the process operations to the user. Joao does not teach that each of the process operations of a process phase include at least one support process responsive to user inputs, the medical record and the guidelines for performing the process operations. As pointed out by the Examiner, Joao also does not teach that the support processes execute an interactive dialogue between the medical support process and the user to provide guidance to the user in performing the medical support process according to the guidelines and dependent upon the user inputs and the medical record. Joao also does not fairly suggest any of the above limitations in its disclosure.

However, the Office Action alleges that although Joao does not disclose, Campbell does disclose wherein the guidance provided to the user is capable of being overridden by the user and wherein the guidelines are dynamically updated t based on user input. The Office Action cites to col. 17, lns. 8-22 and col. 18, lns. 7-10 for support.

Col. 17. lns. 8-22 of Campbell disclose:

> **The doctor can select a diagnosis by clicking on an item in the rule out list.** When the doctor does so, the client sends a message to the server indicating the selected diagnosis. **The server removes the diagnosis from the rule out list, adds it to the tentative diagnosis**, and determines which abnormal observations are linked to the diagnosis. It then marks the abnormal observations that are linked to the selected diagnosis with a "D." The server sends the results of these operations back to the client to update the display dynamically. In the display, the selected diagnosis moves to the tentative diagnosis box, the abnormal observations linked to the selected diagnosis are marked with a "D" and the unresolved symptoms count is updated to a number reflecting the number of abnormal observations that are undiagnosed and not marked as removed.

Campbell, Col. 17. lns. 8-22 (emphasis added).

> Col. 18, lns. 7-10 of Campbell recites;

> [t]he additional therapy button **1012** and continue button **1014** link to other screens. This enables the doctor to go to another screen to modify the therapy protocol.

Campbell, Col. 18. lns. 7-10

In the first cited section, Campbell discloses that the doctor clicks on a diagnosis from a rule out list and by the doctor clicking on a listed diagnosis in the rule out list, this changes the clicked-on diagnosis from the rule-out list to a tentative diagnosis list. The rule out list is generated from a table that keeps a list of all ailments. Therefore, contrary to the Office Action's assertion, the cited passage does not disclose the claimed feature in currently amended claim 1 of "wherein the guidance provided to the user is capable of being overridden by the user and wherein the overridden guidelines are dynamically

updated <u>with a patient based guideline for the individual patient</u> based on user input <u>of</u>

<u>the patent based guideline for the individual patient</u>." Contrary to Campbell's clicking on

a diagnosis to transfer the diagnosis from one list to another list, the feature in the instant

application relates to guidelines for making a diagnosis and changing the standard

guidelines to individual guidelines for the patient based on that patient's medical

condition.

In the second cited support passage, Campbell discloses that a doctor can go to

another screen to apparently click on another button to modify the treatment protocol.

Campbell provides predetermined screens that allow a user to select among list rather

than a dynamic interactive processing. Again, this cited passage does not teach or

disclose that <u>guidelines</u> are dynamically changed and updated per the individual patient.

Rather, Campbell provides predetermined screens that allow a user to select among list

rather than a dynamic interactive processing. The Office Action attempts to equate that

by clicking on a button, the user may change a listed item from recommend to required

with the claimed feature of "override and dynamically update the guidance based on user

input." (Office Action, page 10.) Further, the Office Action attempts to equate a user

clicking on a diagnosis in one list (rule out list) and the server transferring the clicked on

diagnosis to another list (tentative diagnosis) with the claimed feature of "wherein the

guidance provided to the user is capable of being overridden by the user and wherein the

<u>overridden</u> guidelines are dynamically updated <u>with a patient based guideline for the</u>

<u>individual patient</u> based on user input <u>of the patent based guideline for the individual</u>

<u>patient</u>. Applicant submits that clicking on an item in a list is not dynamically updating

the guidelines for an individual patient.

Further, the Office Action admits that Campbell fails to disclose "A medical

support system including a memory for storing at least one medical support process

relating to diagnosis and treatment of a medical condition, a processor responsive to the

medical support process and to user inputs for performing the medical support process, an

input device for user inputs relating to the medical support process and an output device

for displaying the results of the medical support process to a user, comprising:

    a dialect translator for translating between medical terms displayed to and

    entered by a user and corresponding equivalent but different medical terms

    employed in the support operations, wherein the dialect translator is

    capable of bi-directional translation between medical terms displayed to

    and entered by a user and corresponding equivalent but different medical

    terms employed in the support operations."

However, the Office Action alleges that Ryan does disclose the above claimed

feature and cites to col. 4, lns. 9-50 of Ryan for support. (Office Action, p 6-7.)

Ryan relates to a system for coding data. (Abstract.) Nowhere does Ryan

disclose or teach a **bidirectional** dialect translator that receives terms and forms entered

by that practioner through an input device and provides the corresponding standard term

or form and is capable of operating in reverse by reading standard terms and forms and

translating them into terms preferred by the user .

First, nowhere does Ryan disclose the claimed feature in amended claim 1 of a

process that is capable of operating in reverse or bidirectional . In the instant application,

"the dialect translator is capable of bi-directional translation between medical terms

displayed to and entered by a user and corresponding equivalent but different medical

terms employed in the support operations." Nowhere does Ryan disclose or teach that the translator will operate in reverse and take common, standard or standardized set of terms and translate those terms into the terms used by a particular practioner.

Second, Ryan discloses "a program, for execution by a computer, which analyzes input data describing an event, item or operation and produces coded output to represent the data." (Ryan, col. 2, lns 19-22.) In Ryan, input text is parsed and output as representative **codes** and stored in a database. (Ryan, col. 3, lns 36-46.) Ryan produces codes representing words rather than the claimed feature in the instant application of producing standard medical terms or words used by support operations. Nowhere does Ryan disclose a "dialect translator for translating between medical terms displayed to and entered by a user and corresponding equivalent but different medical terms employed in the support operations."

For at least the above reasons, Applicant respectfully submit that independent claim 1 is in condition for allowance. Claims 2-9 and 21 which ultimately depend from claim 1 are allowable for at least the same reasons as independent claim 1.

The Office Action has rejected independent claim 11 for the same reasons as independent claim 1 was rejected. Therefore, for at least the same reasons as presented for independent claim 1, independent claim 11 is in condition for allowance. Claims 12-19 and 22 which ultimately depend from claim 11 are allowable for at least the same reasons as independent claim 11.

Applicant respectfully submits that neither Joao, Campbell or Ryan, alone or in combination, disclose or teach the claimed features of currently amended independent claims 1 and 11. Therefore, for at least these reasons, Applicant respectfully submits that

currently amended claims 1 and 11 are in condition for allowance. Moreover, claims 2-9 and 21 which ultimately depend from claim 1 and claims 12-19, and 22 which ultimately depend from claim 11 are allowable for at least the same reasons.

The Examiner makes several statements throughout the Office Action that certain features of the pending claims are "old and well known in the art" and relies upon Campbell and Ryan to support that proposition. However, as the Applicant has outlined above, Campbell and Ryan do not disclose or provide sufficient evidence of these features. Therefore, in the event that the Examiner is implicitly taking Official Notice that these features are old and well known in the art apart from the Campbell and Ryan references, the Applicant respectfully traverses any such assertion of Official Notice. As demonstrated by Joao, Campbell, and Ryan, the novel combination of features claimed in pending claims 1-9, 11-19, and 21-22 is not old and well known in the art.

If the Examiner's assertion is based on the personal knowledge of the Examiner, then under MPEP § 2144.03(C) and 37 C.F.R. § 1.104(d)(2), the Examiner's assertion must be supported by an affidavit from the Examiner. In addition, the Applicant respectfully submits that the Examiner's assertions are not well known in the art as evidenced by the searched and cited prior art.

Consequently, the Applicant respectfully submits that the prior art does not teach or suggest the subject matter of the Examiner's assertions of Official Notice and respectfully traverse the Examiner's assertions of Official Notice.

CONCLUSION

In view of the above remarks, Applicant submits that the pending claims 1-9, 11-19 and 21-22 define allowable subject matter and are in condition for allowance. Reconsideration and allowance of claims 1-9, 11-19 and 21-22 is respectfully requested.

If the Examiner has any questions or the Applicant can be of any assistance, the Examiner is invited and encouraged to contact the Applicant at the number below.

The Commissioner is authorized to charge any necessary fees or credit any overpayment to the USPTO Deposit Account GEMS-IT, Account No. 502401.

Respectfully submitted,

/Dennis P. Hackett/
Dennis P. Hackett
Registration No. 52,482
Attorney for Applicant

Date: August 4, 2008

McAndrews, Held & Malloy, Ltd.
500 West Madison Street, 34th Floor
Chicago, Illinois 60661
Telephone: (312) 775-8000
Facsimile: (312) 775-8100